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CONFIRMATION NO. 9690

<b>SERIAL NUMBER</b> 10/646,321	<b>FILING OR 371(c) DATE</b> 08/21/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 33116.72
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**\*\* CONTINUING DATA \*\*** *OK MB*  
 This application is a CIP of 09/828,104 04/06/2001 PAT 6,588,430 and is a CIP of 09/828,108 04/06/2001 ABN  
 and is a CIP of 09/828,107 04/06/2001 PAT 6,675,807  
 and is a CIP of 09/829,198 04/06/2001 PAT 6,691,710

**\*\* FOREIGN APPLICATIONS \*\*** *None MB*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>MB</i> Examiner's Signature	<i>MB</i> Initials			

**ADDRESS**  
32300

**TITLE**  
Three part composite performance enhancing mouthguard

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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